

Topical Application Permission Form

As the parent of _____

I give my permission for the staff of the Jack & Lee Rosen Early Childhood Learning Center to apply product to my child, as specified below, when he or she will be engaging in outdoor activities.

Check all which you wish for us to apply:

Sunscreen

Insect Repellant

Diaper Cream

For medical reasons, please do not apply repellant/sunscreen to the following areas of the child's body.

Choose any which to apply:

I have provided the following sunscreen, labeled with my child's name:

Brand of Sunscreen

Expiration Date

I have provided the following repellant, labeled with my child's name:

Brand of Repellant

Expiration Date

I have provided the following diaper cream, labeled with my child's name:

Brand of Diaper Cream

Expiration Date

Please apply diaper cream:

Every diaper change

Only after a wet diaper

Only after a BM

Only as needed as indicated by red or rashy skin

As indicated here _____

Parent/Guardian Signature

Date